



# Kaw Nation COVID-19 Elder Assistance Program

The Kaw Nation's GWE Elder Temporary Assistance Program is designed to provide financial support to Tribal Elders whose household has suffered economic impacts through increased expenditures or decreased income due to the COVID-19 pandemic. Eligible Kaw Nation Tribal Elders (65 and older by December 31, 2023) **(please provide a copy of your enrollment card with application)** will receive \$100 a month for a maximum of 12 months starting January 2024. Expenses must be used to ensure the health and welfare of Tribal Elders. This program is funded by the American Rescue Plan Act – State and Local Fiscal Recovery Funds.

**This application must be completed for each Tribal Elder and must be fully completed to be accepted. Payments will be processed January 2024 after verification of an approved application and each month thereafter (maximum of 12 months). Applications must be received by the Tribe on or before 12/31/2023.**

SUBMIT APPLICATION BY **MAIL ONLY** TO:

**KAW NATION  
GWE ELDER TEMPORARY ASSISTANCE PROGRAM  
PO BOX 50  
KAW CITY, OK 74641**

## Applicant Personal and Contact Information

<b>Applicant Full Name</b>					
<b>SSN</b>		<b>Date of Birth</b>		<b>Kaw Nation Tribal Enrollment Number</b>	
<b>Mailing Address (Street, City, Zip)</b>					
<b>Phone Number</b>		<b>Email Address</b>			

**COVID-19 Emergency Assistance**

I have experienced economic hardship as a result of the COVID-19 pandemic.

**Authorized Use of Funds and Certification**

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and/or economic recovery of tribal households.

By signing below, I hereby certify that I have met the requirements for the GWE Elder Temporary Assistance, and that the information submitted on this Application is true and correct to the best of my knowledge. I am also giving authorization to the Kaw Nation to (1) update my tribal enrollment file using the information submitted in the "Applicant Personal and Contact Information" section, and (2) verify my tribal enrollment.

*I agree that I may be called upon to prove that I did not use this funding for unallowable expenses (i.e., alcohol, tobacco, luxurious items).*

<b>Printed Name:</b>	
<b>Signature:</b>	<b>Date:</b>

**For Official Use Only**

Date received by the Tribe:
Tribal enrollment verified? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date Verified:
Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not approved, reasoning and notification verification:
Program Start Date (month/year):
Program End Date (month/year):